IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER – Governor
RICHARD M. ARMSTRONG – Director

DEBRA RANSOM, R.N.,R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0036
PHONE 208-334-6626
FAX 208-364-1888

April 24, 2008

Shane Quesnell
Preferred Community Homes
Milliken Heights
7091 West Emerald Street
Boise, Idaho 83704

Dear Mr. Quesnell:

This is to advise you of the findings of the Medicaid/Licensure survey, which was concluded at your facility, Preferred Community Homes Milliken, on April 10, 2008.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicaid deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;

2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;

3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,

5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Sign and date the form(s) in the space provided at the bottom of the first page.

After you have completed your Plan of Correction, return the original to this office by **May 7, 2008**, and keep a copy for your records.

You have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2007-02. Informational Letter #2007-02 can also be found on the Internet at:

http://www.healthandwelfare.idaho.gov/site/3633/default.aspx

This request must be received by May 7, 2008. If a request for informal dispute resolution is received after May 7, 2008, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during our visit. If you have any questions, please call or write this office at (208)334-6626.

Sincerely,

MATT HAUSER
Health Facility Surveyor
Non-Long Term Care

NICOLE WISENOR
Co-Supervisor
Non-Long Term Care

MH/mlw

Enclosures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	13G053	A. BUILDING _____ B. WING _____	04/10/2008

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PREFERRED COMMUNITY HOMES - MILLIKEN	7904 ARLINGTON DRIVE NAMPA, ID 83686

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W 000	INITIAL COMMENTS The following deficiencies were cited during the recertification survey. The surveyors conducting the survey were: Matt Hauser, QMRP, Team Leader Michael Case, LSW, QMRP Common abbreviations used in this report are: ADHD - Attention Deficit Hyperactive Disorder AQMRP - Assistant Qualified Mental Retardation Professional IPP - Individual Program Plan LPN - Licensed Practical Nurse NOS - Not Otherwise Specified ODD - Oppositional Defiant Disorder PTSD - Post Traumatic Stress Disorder QMRP - Qualified Mental Retardation Professional	W 000	Preparation and implementation of this plan of corrections does not constitute admission or agreement by Milliken Heights with the facts, findings, or other statements as alleged by the State agency dated April 10, 2008. Submission of this plan of correction is required by law and does not evidence the truth of any of the findings as stated by the survey agency. Milliken Heights specifically reserves the right to move to strike or exclude this document as evidence in any civil, criminal or administrative action.	
W 278	483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR Procedures that govern the management of inappropriate client behavior must insure, prior to the use of more restrictive techniques, that the client's record documents that programs incorporating the use of less intrusive or more positive techniques have been tried systematically and demonstrated to be ineffective. This STANDARD is not met as evidenced by: Based on record review and staff interview, it was determined the facility failed to ensure evidence of least restrictive or more positive techniques being utilized prior to the use of more restrictive techniques to manage behavior for 2 of 4 individuals (Individuals #1 and #2) whose	W 278	**W278 483.450(b)(1)(iii) MGMT OF INAPPROPRIATE CLIENT BEHAVIOR** The facility will ensure that less restrictive techniques or programs will be attempted before placing individuals on behavior modifying medication. The Administrator will ensure that all medication changes will be discussed at an IDT meeting prior to each psych clinic to make sure that all less restrictive options have been exhausted. Monitoring: As needed and monthly psych clinics Person Responsible: Administrator/LPN/AQMRP/Behavior Specialist Completion Date: 6/6/08	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Admin	5/19/08

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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W 278	Continued From page 1 restrictive interventions were reviewed. This resulted in the potential for individuals to be subjected to restrictive interventions unnecessarily. The findings include: 1. Individual #2's 10/12/07 IPP stated he was an 18 year old male whose diagnoses included mild mental retardation, ODD, PTSD, ADHD, and psychosis NOS. Individual #2's Psychotropic Medication Plan, dated 2/2/07, stated he received Wellbutrin (an antidepressant drug) 150 mg each morning for psychotic disorder, which was defined as talking to imaginary pets/people, harming animals, and withdrawing to his room. Individual #2's record documented the initial Physician's Order for Wellbutrin was dated 2/5/07. Individual #2's record did not include evidence that less restrictive or more positive techniques had been tried prior to the use of the behavior modifying drug. During an interview with the QMRP, AQMRP, and LPN on 4/10/08 from 10:05 - 10:35 a.m., the AMQRP stated he was sure less restrictive interventions had been attempted, but the interventions were not documented. The facility was not able to provide evidence of less restrictives being attempted and proven ineffective prior to the use of Wellbutrin. 2. Individual #1's 1/25/08 IPP stated he was a 16 year old male whose diagnoses included mild mental retardation, ADHD, and mild autism. Individual #1's Physician's Order, dated 3/4/08, stated he received Melatonin (an herbal	W 278		

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W 278	Continued From page 2 supplement) 3 mg each evening. His Physician's Sheet and Progress Notes, dated 11/21/07 and signed by the psychiatric service provider, stated Individual #1 "can't get to sleep + wakes (up at) night...staff agreed to trial on Melatonin for sleep regulation." However, Individual #1's record did not include evidence that less restrictive or more positive techniques had been tried prior to the use of Melatonin. During an interview with the QMRP, AQMRP, and LPN on 4/10/08 from 10:55 - 11:05 a.m., the AMQRP stated less restrictive interventions to assist with sleep had not been implemented prior to the medication being prescribed. The facility failed to ensure Individual #1 and Individual #2's records included evidence of least restrictive or more positive techniques being utilized and found to be ineffective prior to the use of behavior modifying drugs.	W 278		
W 312	483.450(e)(2) DRUG USAGE Drugs used for control of inappropriate behavior must be used only as an integral part of the client's individual program plan that is directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs are employed. This STANDARD is not met as evidenced by: Based on record review and staff interviews, it was determined the facility failed to ensure behavior modifying drugs were used only as a comprehensive part of individuals' IPPs that were directed specifically towards the reduction of and eventual elimination of the behaviors for which the drugs were employed for 3 of 4 individuals	W 312	**W312 483.450.(e)(2) DRUG USAGE** **The medication reduction plans for individuals 1, 2, 3, 4, 5, 6 and 7 have been revised to meet the expectation of the regulation. Preferred Community Homes has provided training which includes a new format to help ensure that these medication reduction plans are to be specific to each diagnosis.**	

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W 312	Continued From page 3 (Individual #1, #3, and #4) reviewed, who received behavior modifying drugs. This resulted in individuals receiving behavior modifying drugs without plans that identified drug usage and how they may change in relation to progress or regression. The findings include: 1. Individual #3's IPP, dated 6/12/07, documented a 14 year old male diagnosed with mild mental retardation, Asperger's syndrome, and ADHD. Individual #3's Psychotropic Medication Plan, dated 5/23/07, documented that he received Concerta (a central nervous system stimulant) 54 mg daily for inappropriate sexual statements, and Melatonin (an herbal supplement) 3 mg each evening for sleep. a. Individual #3's Psychotropic Medication Plan included the following criteria for reduction of Concerta: - "As per Federal regulations require a time based reduction." - "[Individual #3] experiences severe, adverse side effects of the Concerta [sic]" - "The [facility], in coordination with [psychiatric service provider] and the Human Rights Committee members decide to increase other types of therapy (including behavior modification), while decreasing Psychotropic [sic] medication therapy." The plan did not specify how the use of the Concerta would change in relation to Individual #3's inappropriate sexual statements. When asked about the criteria to reduce Concerta, during an interview on 4/10/08 from	W 312	**Future monitoring will include the Administrator and AQMRP reviewing the medication plans quarterly during psych clinic to ensure they are sufficiently developed and implemented.** **Monitoring: Quarterly** **Person Responsible: Eric Korton, AQMRP / Shane Quesnell, Administrator** **Completion Date: 6/6/08**	

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W 312	Continued From page 4 10:05 - 10:40 a.m., the QMRP stated criteria related to Individual #3's behaviors was not included in the plan but should have been. b. Individual #3's Psychotropic Medication Plan did not contain criteria to reduce Melatonin. Additionally, no information regarding to sleep data and how it was to be monitored or tracked could be found in Individual #3's record. When asked during an interview on 4/10/08 from 10:05 - 10:40 a.m., the QMRP stated there was no criteria to reduce Individual #3's Melatonin, and sleep data was not being tracked. 2. Individual #4's IPP, dated 1/18/08, documented a 15 year old male diagnosed with mild mental retardation, ADHD, and oppositional defiant disorder NOS. Individual #4's Psychotropic Medication Plan, dated 12/13/07, documented he received Abilify (an antipsychotic drug) 15 mg daily to decrease refusals and Adderall (a central nervous system stimulant) 50 mg daily to decrease episodes of agitation (defined as yelling). His Psychotropic Medication Plan stated Abilify may be reduced if: - "As per Federal regulations require a time based reduction." - "[Individual #4] experiences severe, adverse side effects of the Abilify." - "The [facility], in coordination with [psychiatric service provider] and the Human Rights Committee members decide to increase other types of therapy (including behavior modification), while decreasing Psychotropic [sic] medication therapy."	W 312		

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W 312	Continued From page 5 The plan did not specify how the use of the Abilify would change in relation to Individual #4's behavior. When asked during an interview on 4/10/08 from 11:05 - 11:15 a.m., the QMRP stated there was no criteria to reduce Individual #3's Abilify. 3. Individual #1's 1/25/08 IPP stated he was a 16 year old male whose diagnoses included mild mental retardation, ADHD, and mild autism. His Physician's Order, dated 3/4/08, stated he received Melatonin (an herbal supplement) 3 mg each evening and the dose could be repeated if Individual #1 was unable to sleep. Individual #1's Psychotropic Medication Plan, revised 3/14/07, did not include the use of Melatonin. Additionally, no information regarding to sleep data and how it was to be monitored or tracked could be found in Individual #1's record. During an interview with the QMRP, AQMRP, and LPN on 4/10/08 from 10:55 - 11:05 a.m., the AMQRP stated a medication reduction plan for Melatonin had not been developed and sleep data was not being tracked. The facility failed to ensure behavior modifying drugs were used only as a comprehensive part of Individual #1, Individual #3, and Individual #4's IPPs that were directed specifically towards the reduction and eventual elimination of the behavior for which the medications were employed.	W 312		

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MM192	16.03.11.075.09 (d) Drugs Drugs such as tranquilizers must not be used as chemical restraints to limit or control resident behavior for convenience of staff. This Rule is not met as evidenced by: Refer to W278.	MM192	**MM192 16.03.11.075.09 (d) DRUGS** Refer to Plan of Correction for W278	
MM197	16.03.11.075.10(d) Written Plans Is described in written plans that are kept on file in the facility; and This Rule is not met as evidenced by: Refer to W312.	MM197	**MM197 16.03.11.07510(d) WRITTEN PLANS** Refer to Plan of Correction for W312	
MM271	16.03.11.100.04(b) Storage of Toxic Chemicals All toxic chemicals must be properly labeled and stored under lock and key. This Rule is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure all toxic chemicals were stored under lock and key for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. The findings include: 1. An environmental survey was conducted on 4/8/08 from 12:00 - 12:25 p.m. At that time, the door to the furnace/hot water heater closet, located off the patio, was noted to be unlocked. Stored in the cabinet were 6 one-gallon cans of acrylic interior/exterior paint and 1 five-gallon drum of paint. The Home Manager, who was present during the survey, was immediately notified of the unlocked chemicals. The Home Manager stated the paint would be moved to a locked location.	MM271	**MM271 16.03.11.100.04(b) STORAGE OF TOXIC CHEMICALS** All paint and varnish that were observed at the environmental survey were either moved to a locked area or properly disposed. Monitoring: Monthly maintenance checks Person Responsible: RSC Completion Date: 4/9/08 RECEIVED MAY 20 2008 FACILITY STANDARDS	

Bureau of Facility Standards

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Admin (X6) DATE 5/19/08

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MM271	Continued From page 1 The facility failed to ensure all toxic chemicals were stored in appropriate areas under lock and key.	MM271		
MM380	16.03.11.120.03(a) Building and Equipment The building and all equipment must be in good repair. The walls and floors must be of such character as to permit frequent cleaning. Walls and ceilings in kitchens, bathrooms, and utility rooms must have smooth enameled or equally washable surfaces. The building must be kept clean and sanitary, and every reasonable precaution must be taken to prevent the entrance of insects and rodents. This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the facility was kept clean, sanitary, and in good repair for 7 of 7 individuals (Individuals #1 - #7) residing in the facility. The findings include: During an environmental survey conducted on 4/8/08 from 12:00 - 12:25 p.m., the following concerns were noted: - The handle of the microwave above the stove was broken off. - The top drawer to the right of the stove was broken from its rails. - The bottom drawer to the right of the stove was broken from its rails.	MM380	**MM380 16.03.11.120.03 (a) BUILDING AND EQUIPMENT** The handle of the microwave above the stove has been repaired. The top drawer to the right of the stove has been repaired. The bottom drawer to the right of the stove was repaired. Monitored: As needed/monthly maintenance checks Person Responsible: RSC and AQMRP Completion Date: 4/30/08	